When this form is completely filled out use Preventive Medicine Services Code: 99381—New Patient < one year 99391—Fetablished nations < one year

			99391—Esta	ablished patien	nt < one year						
9 M EPS	DT ening Date		2	0 0	Member ID#			-			
9 Month V	/isit										
Name			4	Birth Date			Historian				
A			3.4		4.						
Age		Medications									
Weight	lbs	oz. Le	ength	inches	Head ci	irc.		_ cm	Temp	T R	
Nutrition			Physical	Exam (U	NCLOTHE	D Y	Yes No)		✓ = nl	X = abnl	
☐ Breast	times per	day.	General								
D Farmanda		. 4	Head								
☐ Formula	oz . per	day	Fontanel Neck								
Brand			Eyes								
With iron?	Yes No		Red ref	lex							
Water: city we	ell spring	bottled	Alignm		ā						
Baby food	servii	ngs/day	Ears		ā						
Baby food Table foods	Yes No		Nose								
WIC.	165 110		Throat/Mo	uth/Teeth							
History Upda			Lungs								
Are there any cha	inges in your	family	Heart		<u> </u>						
history?			Abdomen Femoral Pu	ulaaa	0						
No Yes			Genitali	nises	_						
NO 165			Female								
Has the patient ha	nd any new n	roblems	Male	•	ā						
or illnesses since			Test	tes	ā						
			Extremities	S							
No Yes			Hips								
			Spine								
Problems / Pa	rental Co	ncerns	Skin		0						
			Neuro		0		·		·		
			Safety				Impression				
				☐ Car seat, facing backward			☐ Well Baby, normal growth and development				
			☐ Smoke de			_					
			☐ Smoke fro								
Hearing/Spee	ch		☐ Hot water☐ Fall preve		ees						
Responds to sour		no	☐ Child pro			_	n/Refer				
Imitates speech	_	no	☐ Syrup of		son Control #				T IDV DC	V 7	
Vision:				Always supervise bath			Hep B, Hib, DPaT, IPV, PCV-7 Vaccine Information Sheet				
Notices small ob	jects yes	no	☐ Sun expos	sure					mg	. a 4 hrs.	
Developmenta			Health/Nu	ıtrition					dout sheet	•	
-	onormal		Continue				RTC at 12	2 mont	hs		
Lead Risk Fac	ctors*		☐ Introduce		foods		Fluoride g	gtts. O	.25 mg dail	/	
yes n	10		☐ Choking			_					
Lab Tests			☐ Avoid hor ☐ Introduce		~				5405 ·		
			☐ Teething		5						
			☐ No bottle in		proppina	_			***************************************		
			Social/Beh		1 - FF3						
			☐ Exploring		ent limits	٠					
*see separate form	n		☐ Sleep, bed							M.D. / P.N.P.	
see separate torn	ш		☐ Talk, read				See back	for add	itional docu	mentation	
			☐ Family								
			Day care		Provider		T T		ТТТ		